

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: River Rock Art, Etc
BUSINESS STREET ADDRESS: 4256 SW 92 Ave ZIP 33328
BUSINESS MAILING ADDRESS: 4256 SW 92 Ave ZIP 33328
BUSINESS PHONE: _____
DESCRIBE TYPE OF BUSINESS: Art / Craft
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Nancy L. Fagot</u>	<u>4256 SW 92 Ave</u>	<u>Davie</u>	<u>33328 452-2002</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 515-46-4593

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 00, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Nancy L. Fagot Nancy L. Fagot
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>1/6/00</u> Category <u>01400</u> Fee <u>84-</u> Rec# <u>191391</u> New <input checked="" type="checkbox"/> Trans _____		
License # _____	Control # _____	Zoning <u>H-1</u>
Council approval Required _____	Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
TOWN CLERK APPROVAL _____		